### Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None Computer Readable Form (CRF):: No Number of copies of CRF::

Title:: INTERFACE CIRCUIT FOR OPERATING

0

CAPACITIVE LOADS

Attorney Docket Number:: 03P05036

Request for Early Publication?:: No Request for Non-Publication?:: No Suggested Drawing Figure:: 4a Total Drawing Sheets:: 4 Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency:: Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: KLAUS

Middle Name::

Family Name:: FISCHER

City of Residence:: FRIEDBERG

State or Province of

Residence::

Country of Residence:: GERMANY

Street of Mailing PFARRER-MELCHER-WEG 23

Address::

City of Mailing Address:: FRIEDBERG

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 86316

Applicant Authority Type:: Inventor

Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: JOSEF

Middle Name::

Family Name:: KREITTMAYR

City of Residence:: BOBINGEN

State or Province of

Residence::

Country of Residence:: GERMANY

Street of Mailing WERTACHSTR. 12A

Address::

City of Mailing Address:: BOBINGEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 86399

Correspondence Customer 24,252

Number::

Name:: OSRAM SYLVANIA

Street of Mailing Address:: 100 Endicott Street

City of Mailing Address:: Danvers

State or Province of Mailing Massachusetts

Address::

Country of Mailing Address:: United States

Postal or Zip Code of Mailing 01923

Address:::

Phone Number:: 978-777-1900

Fax Number::

E-Mail Address::

#### Representative Information

Representative Customer	24,252	
Number::		

#### Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
		:	

## Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
GERMANY	103 15 473.6	4/4/03	Yes

# Assignment Information

Assignee Name:: PATENT-TREUHAND-GESELLSCHAFT

FÜR ELEKTRISCHE GLÜHLAMPEN MBH

Street of Mailing Address:: HELLABRUNNER STR. 1

City of Mailing Address:: MÜNCHEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 81543